U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6268	2. Fiscal Year Covered From:		
	[]/[]/2004 Through: []2/3]/2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name CECIL A. MCINTYRE	Name MARINE EmburEEUS BENEFICIAL ASSOCIATION		
	Labor Organization File Number OG6-581		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Suite &		
Street 444 N. capitol 4T, N. IN. SuitE 800	Street 4444 N. CAPITOL ST N.W. SWITE 800		
City WashingTon	City Washinbleau		
State D. C. ZIP Code + 4 2 000 /	State D. C. ZIP Code + 4 2 000 /		
5. Position in labor organization. SESRITARY - TREASURER			
	usions set forth in the instructions);		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate.	derived income or other economic benefit of ion represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
City	The second section is a second section of the second section of the second section is a second section of the second section of the second section sec		
State ZIP Code + 4			
	nature		
15. Signature and verification. The undersigned declares, under penalty o submitted in this report (including the information contained in any accompar undersigned's knowledge and belief, true, correct, and complete. (See the s	lying documents), has been examined by the signatory and is, to the best of the		
Signed Till A. Mushing	On 8-10-05 202-638-5355		
Signed Level A. M. Inhy	Date Telephone Number		
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Name of Person Filing		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name MEBA MEDICAL AND BENAFITS PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1007 EASTERN ANE. City BALT: MORE State MARYLAND ZIP Code + 4 2/202	9. Business deals with: (X) a. Labor Organiza (X) b. Trust (C) c. Employer	ation	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name MEBA MECLICAL Acid BEARSTS PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1007 FASTERN AVE City BALT: MORE State MARYLAND ZIP Code + 4 2120 2	INDUTTIE EMPLOYER BENEFITE TO P THE MEBA. 11.b. Approximate dollar value 12.a. Nature of interest hele The AMOUNT Idea REIMBURSMENT OF IN ATTENDITY MEET AND WAS IZEGU FOR ATTENDING TO SPONSORED BY THE EMPLOYER BRANDURSE THORS REIMBURSE	PLANS ARE Jointly-TRUSTEED, BENIEF T PLANS THAT PROVIDE DARTICIPANTE REPRESENTED by ue of such dealing. 2,333.00	
C. Received from any employer (other than an employer covered under		i pare 1 to	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.	Bearing angulation required to a contract of the contract of t	